PART B - FEE(S) TRANSMITTAL

ete afficeed this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated the provided below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance address. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 7590 04/02/2007 24374 Certificate of Mailing or Transmission VOLPE AND KOENIG, P.C. I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. DEPT. ICC UNITED PLAZA, SUITE 1600 30 SOUTH 17TH STREET (Depositor's name Léonard PHILADELPHIA, PA 19103 06/26/2007 SFELEKE2 00000009 090435 (Signature) 10600905 (Date 6/21 07 01 FC:1501 400.00 DA 300.00 IDA DATE CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. 06/20/2003 I-2-0337.1US 9199 10/600.905 Prabhakar R. Chitrapu TITLE OF INVENTION: METHOD AND SYSTEM FOR COORDINATING SERVICES IN INTEGRATED WLAN-CELLULAR SYSTEMS APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE NO \$1400 \$300 \$0 \$1700 07/02/2007 nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT SMITH, CREIGHTON H 2614 455-436000 1. Chang of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Volpe and Koenig, P.C. (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Wilmington, DE InterDigital Technology Corporation Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: **₹** Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0435 (enclose an extra copy of this fo Advance Order - # of Copies 4 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature Registration No. 57,204 Typed or printed name Robert D. Leonard

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Approved for use through 05/31/2007 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/600,905 **Application Number** FEE TRANSMIT Filing Date June 20, 2003 For FY 2007 First Named Inventor Prabhakar R. Chitrapu **Examiner Name** Creighton H. Smith Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2614 TOTAL AMOUNT OF PAYMENT Attorney Docket No. I-2-0337.1US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: InterDigital Comm. Corp. Deposit Account Deposit Account Number: 09-0435 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES **Small Entity Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 100 250 200 Design 100 100 130 50 65 Plant 200 300 160 100 150 80 Reissue 300 150 500 250 600 300 Provisional 200 0 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) 50 25 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets Extra Sheets - 100 = /50 =(round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Issue Fee, Publication Fee and Advanced Soft Copies (4) 1712.00

SUBMITTED BY
Signature
Registration No. (Attorney/Agent) 57,204
Telephone 215.568.6400
Date June 21, 2007

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Firm Name Volpe and Koenig, P.C. Signature Printed name Robert D. Leonard Date June 21, 2007 Reg. No. 57,204 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop Issue Fee , P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature	Amendm A Extensio Express Informati Certified Documen Reply to Incomple	ree Attached nent/Reply After Final Affidavits/declaration(s) on of Time Request Abandonment Request ion Disclosure Statement Copy of Priority nt(s) Missing Parts/ ste Application Reply to Missing Parts		Petition Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	Address	Approf Approf (Approf Capprof	peal Communication to Board appeals and Interferences peal Communication to TC peal Notice, Brief, Reply Brief) prietary Information tus Letter er Enclosure(s) (please Identification):	
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	Typed or printed	name Robert D. Leona	rd			Dat	9 June 21, 2007	

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